## CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

 Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.

Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county

where the hearing took place, with a copy of the  1. RESPONSE NEEDED DUE TO:		eau unit manager.
MPPress	5. DATE OF REQUEST:	NEED RESPONSE BY:
Policy/Regulation Interpretation	1/14/16	ASAP
L QC	6. COUNTY/ORGANIZATION San Joaquin Count	։ y Human Services Agency
☐ Fair Hearing	7. SUBJECT:	y Human Services Agency
∟∫ Other:	ELIGIBILITY FOR I-	-766 (A19)
2. REQUESTOR NAME:	8. REFERENCES: (Include A	CL/ACIN, court cases, etc. in references)
Alisa Rosas		have a regulation cite(s) and/or a reference(s).
3. PHONE NO.: (209) 468-2043	ACL 08-15	
4. REGULATION CITE(S):		
9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARI		
Is a noncitizen with documentation of a wor noncitizen? This is not a U-Visa or T-Visa		igibie to Cali resir benefits as a legal
10. REQUESTOR'S PROPOSED ANSWER:		
The A19 code is acceptable with U-Visas a use for work visas that are not U or T-visas	id 1-visas. Because this has been allowe	ed for these Visas, it may be okay to
11. STATE POLICY RESPONSE (CFPB USE ONLY):		
Only when associated with T and U visas is Eligibility and Assistance Standards Manual for a U Visa has been filed or a request for Employment Authorization Document (EAD) ACL 08-15)	42-431.625) states  acceptable document J Visa Interim Relief filed prior to 10/17/20	tation for verifying that an application
	FOR CDSS USE	
DATE RECEIVED:	DATE RESPONDED TO COUNTY/AL	

02/25/16 SM

01/14/16

. RESPONSE NEEDED DUE TO:	5.		DATE OF REQUEST:	NEED RESPONSE BY:
<ul><li>☐ Policy/Regulation Interpretation</li><li>☐ QC</li><li>☐ Fair Hearing</li><li>☐ Other:</li></ul>	6.	6. COUNTY/ORGANIZATION:		
	7.	7. SUBJECT:		
REQUESTOR NAME:	8.	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references)  NOTE: All requests must have a regulation cite(s) and/or a reference(s)		
. PHONE NO.:				
. REGULATION CITE(S):				